Student Body Association, Hybrid Program

PROFESSIONAL DEVELOPMENT & TRAVEL REIMBURSEMENT FORM

(Attach PD&T Authorization request and receipts; failure to attach these items may delay payment)

SBA
MONTEREY COLLEGE OF LAW
SAN LUIS OBISPO COLLEGE OF LAW
KERN COUNTY COLLEGE OF LAW
EMPIRE COLLEGE OF LAW
HYBRID PROGRAM

NAME	Student ID#	TITLE OF ACTIVITY	Date SBA Approved Funding:

REIMBURSEMENT CHECK ADDRESS	DEPARTED DATE	DEPARTED TIME	☐am ☐pm	RETURNED DATE	RETURNED TIME	☐am ☐pm

ACTUAL COSTS

SBA Paid Items (By check)

TRANSPORTATION	LODGING	CONFERENCE	OTHER	TOTAL SBA PAID EXPENSES
$	$	$	$	$ 0.00

Employee Paid Items (Attach receipts)

DATE	DESCRIPTION	TRANSPORTATION	LODGING	CONF/MEETING	MEALS	OTHER	TOTAL
		$	$	$	$	$	$0.00
		$	$	$	$	$	$0.00
		$	$	$	$	$	$0.00
		$	$	$	$	$	$0.00
		$	$	$	$	$	$0.00
		$	$	$	$	$	$0.00
SBA PAID TOTALS (Additional expenses, attach an addition form)		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

CERTIFICATION I hereby certify under penalty of perjury that:

*Expenses for alcohol are strictly ineligible for reimbursement by the SBA.

1. The above is an accurate accounting of my travel dates/time and incurred expenses while in travel status.
2. The expenses claimed are not reimbursable to me or the District from any other source.
3. My personal vehicle used for district business has the minimum insurance requirement required by law under the State of California, I carry a valid driver's license, and I am registered under the district's Pull Notice program.

Signature of SBA Officer/Representative	Date	Signature of SBA Treasurer	Date

Signature of Finance/Administrative Services	Date	**Submission of this form confirms required PD summary is submitted.